

**District of Columbia  
Department of Health  
Health Professional Licensing Administration  
Board of Nursing Home Administrator**



ADDRESS ALL COMMUNICATIONS  
TO THE BOARD

Re: \_\_\_\_\_

Dear Sir/Madam:

The person whose name appears above has applied for a license to practice as a Nursing Home Administrator in the District of Columbia. The District of Columbia Municipal Regulations, Title 17, Chapter 62 require that each applicant provide proof to the Board of Nursing Home Administration of successful completion of training. Therefore, we would appreciate your assistance in verifying this applicant's training and experience as a nursing home administrator.

In addition to completing the evaluation form, the Board requires that each supervisor provide a narrative evaluation of the applicant's performance. Please attach this written evaluation to this evaluation form. The narrative evaluations should emphasize all aspects of the practice of nursing home administration outline on page 3 and 4 of the information and instructions. Any AIT reports or other written evaluations concerning the performance of the application may be included with your narrative evaluation.

Your assistance in completing this verification is appreciated.

Please complete and return this form to:

Department of Health  
Health Professional Licensing Administration  
DC Board of Nursing Home Administration  
825 N. Capitol Street, NE, 2<sup>nd</sup> Floor  
Washington, DC 20002

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.

Promissor  
on behalf of the District of Columbia Board of Nursing Home Administration

Applicant's Name: \_\_\_\_\_

### **Verification of Training Form**

I certify that I supervised the above named applicant from \_\_\_\_\_  
month / year

to \_\_\_\_\_ who worked for a total of \_\_\_\_\_ hours each week.  
month / year

I provided a total of \_\_\_\_\_ hours of general supervision\* each week and a total of \_\_\_\_\_ hours of  
immediate supervision\* each week.

Title of Applicants position \_\_\_\_\_

Was the applicant's performance satisfactory or better? \_\_\_\_\_ yes \_\_\_\_\_ no

I certify that I provided the supervision described above and on the attached narrative evaluation of the applicant's performance and that they are both true and accurate representations of my supervision. I further certify that the applicant's work experience encompassed all aspects of the practice of nursing home administration outlined in page 3 and 4 in the attached information sheet. By certifying this information, I will be available to interpret or substantiate the information provided should the Board of Nursing Home Administration need clarification at a later date.

\_\_\_\_\_  
Name of Supervisor (print or type)

\_\_\_\_\_  
Name of Nursing Home

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Address of Nursing Home

\_\_\_\_\_  
Supervisor's License Number

\_\_\_\_\_  
Address of Nursing Home

\_\_\_\_\_  
Supervisor's Telephone Number

\_\_\_\_\_  
Nursing Home License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nursing Home Telephone Number

\*General Supervision: Supervision in which the supervisor is available on the premises or by communications device at the time the applicant is practicing.

\*Immediate Supervision: One-to-one supervision in which the supervisor is with the applicant and either discussing or observing the applicant's practice.